



Statement of Organization CANDIDATE COMMITTEE

MAR 26 2015

VOTER REGISTRATION
ELECTORAL BOARD

*Please read instructions before completing this form.

<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time. CC-15-00189		<input type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.		
Date Changes Took Effect		SBE-issued Committee ID		
Committee Information				
Committee Information	Joe Murray for State Senate			
	Name of Candidate Campaign Committee			
	PO Box 26141			
	Street Address/PO Box Alexandria	Suite # VA	22313-614	
	City chris@electioncfo.com	State	Zip Code	
	Email Address www.murrayforva.com	Daytime Phone #		
Campaign Website				
Candidate Information				
Candidate Information	Murray	Joseph	R	
	Salutation	Last Name	First Name	Middle Name
	1024 N Pelham St			Suffix
	Residence Address			Apt #
	Alexandria			VA
	City			22304-190
	ALEXANDRIA CITY			State
	919899727			Zip Code
County or City of Residence			Voter Identification #	
joemurray7@gmail.com			703-307-1274	
Email Address			Daytime Phone #	
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information				
Election Information	Member Senate Of Virginia			State Senate - 39th District
	Office Sought			District (if one)
	Republican	2015	<input checked="" type="checkbox"/> November	<input type="checkbox"/> May
	Political Party	Year of Election	<input type="checkbox"/> Special	
Type of Election				



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Treasurer Information					
Treasurer Information	Salutation	Last Name	First Name	Middle Name	Suffix
		Marston	Christopher	M	
	Residence Address		Apt #		
	110 Shooters Ct				
	Alexandria		VA	22314-464	
	City		State	Zip Code	
	ALEXANDRIA CITY		917572194		
County or City of Residence		Voter Identification #			
chris@electioncfo.com		703-627-4679			
Email Address		Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
Chain Bridge Bank, NA					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
McLean VA					
City State		City State			
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:				
	Date first expenditure made:				
	Date campaign depository designated:		03/19/2015		
	Date filing fee paid for party nomination:				
	Date Statement of Qualification filed:		03/19/2015		
Date treasurer appointed:					

(continued on next page)



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Filing Method	
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:
	<input type="checkbox"/> File electronically using SBE's Electronic Filing Application.
	<input checked="" type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) <u>ACISTAR</u>
	<input type="checkbox"/> File paper reports.
	<u>[Signature]</u> Date <u>3/19/15</u>
Signatures	
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i> . I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.
	<u>[Signature]</u> Date <u>3/19/2015</u>
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.
	<u>[Signature]</u> Date <u>3/19/15</u>